

|  |               |  |      |  |         |                  |  |
|--|---------------|--|------|--|---------|------------------|--|
| No. <b>W 138366</b>  |               | Due no later than May 31, 2017   |      | 2. Registered Agent and Address <b>(NO PO BOX)</b>           |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>MKFLIES, L.L.C.<br>AILEEN LANE<br>3119 W GINGER GOLD DR<br>KUNA ID 83634-5306 |      | AILEEN H LANE<br>3119 W GINGER GOLD DR<br>KUNA ID 83634-5306 |         |                  |  |
|  |               |  |      | 3. <u>New</u> Registered Agent Signature:*                   |         |                  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |               |  |      |  |         |                  |  |
| Office Held  | Name          | Street or PO Address   | City | State  | Country | Postal Code      |  |
| MEMBER   | AILEEN H LANE | 3119 W GINGER GOLD DR  | KUNA | ID   | USA     | 83634-5306       |  |
| 5. Organized Under the Laws of:  |               | 6. Annual Report must be signed.*  |      |  |         |                  |  |
| <b>ID<br/>W 138366</b>   |               | Signature: Aileen Lane   |      |  |         | Date: 05/07/2017 |  |
|  |               | Name (type or print): Aileen Lane  |      |  |         | Title: Member    |  |
| Processed 05/07/2017   |               | * Electronically provided signatures are accepted as original signatures.  |      |  |         |                  |  |